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|--|--|---|----------------------------|
| Notification for Underground Storage Tanks Change of Ownership by Former Owner Virginia DEQ Water Form 7530-2 A (01/03) | | STATE USE ONLY | |
| DEQ – UST Program Office of Spill Response and Remediation P.O. Box 10009 Richmond, Virginia 23240-0009 (804) 698-4010 | | ID Number | |
| | | Date Received | |
| | | Date Entered | |
| | | Entered By | |
| | | Comments | |
| Former tank owners may use this form to request that DEQ's registration records reflect a change of tank ownership when the new tank owner has failed to submit a notification to DEQ. The former tank owner must submit a copy of the legal documents conveying tank ownership to another entity in order for DEQ to review the request. Changes of ownership requested under this section must be approved by DEQ in order to be effective with respect to DEQ's compliance program. | | | |
| PART I: CURRENT OWNERSHIP OF TANKS | | PART II: LOCATION OF TANKS | |
| A. Current Owner Name | | A. Facility Name | |
| B. Current Owner Address | | B. Facility Street Address (P.O. Box not acceptable) | |
| C. City, State, Zip | | C. City, Zip | D. County |
| D. Name of Contact Person | | E. Name of Contact Person | F. Title of Contact Person |
| E. Title of Contact Person | | G. Phone Number () | |
| F. Phone Number () | | H. Previous Name of Facility | |
| PART III: FORMER OWNERSHIP OF TANKS | | PART IV: OWNERSHIP TRANSFER DOCUMENTATION | |
| A. Former Owner Name | | (Check all that apply. Ownership transfer documentation must be submitted with form.) <input type="checkbox"/> Bill of Sale <input type="checkbox"/> Purchase Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Operating Agreement <input type="checkbox"/> Articles of Merger <input type="checkbox"/> Other (specify below) | |
| B. Former Owner Address | | | |
| C. City, State, Zip | | | |
| D. Name of Contact Person | | | |
| E. Title of Contact Person | | | |
| F. Phone Number () | | | |
| PART V: FORMER OWNER CERTIFICATION | | | |
| I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I warrant and represent that I am the former owner or that I have the authority to sign this certification on behalf of the former owner. | | | |
| Name and Title | | Signature Date | |

PART VI: DESCRIPTION OF TRANSFERRED TANKS

| | | | | | | | | | | |
|---|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| Owner Tank Identification Number (Assigned or used by owner) | | | | | | | | | | |
| DEQ Tank Identification Number | | | | | | | | | | |
| Tank Status | <input type="checkbox"/> Active <input type="checkbox"/> Closed <input type="checkbox"/> Temporarily out of use | | <input type="checkbox"/> Active <input type="checkbox"/> Closed <input type="checkbox"/> Temporarily out of use | | <input type="checkbox"/> Active <input type="checkbox"/> Closed <input type="checkbox"/> Temporarily out of use | | <input type="checkbox"/> Active <input type="checkbox"/> Closed <input type="checkbox"/> Temporarily out of use | | <input type="checkbox"/> Active <input type="checkbox"/> Closed <input type="checkbox"/> Temporarily out of use | |
| Date of Installation (MM/DD/YYYY) | | | | | | | | | | |
| Date of Closure (MM/DD/YYYY) | | | | | | | | | | |
| Date of Temporary Closure (MM/DD/YYYY) | | | | | | | | | | |
| Tank Capacity (Gallons) | | | | | | | | | | |
| Substance stored (if hazardous, include CERCLA name and/or CAS number) | | | | | | | | | | |
| Material of Construction (✓ all that apply) | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping |
| Fiberglass Reinforced Plastic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coated and Cathodically Protected/STI-P3® | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Double Walled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impressed Current System Steel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Composite (Steel Clad with Fiberglass)/ACT 100 ® | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Lined Interior | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Polyethylene Tank Jacket | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Concrete | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Excavation Liner | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Asphalt Coated or Bare Steel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary Containment | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| Polyflexible Piping | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| Galvanized Steel | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| Other (specify) | | | | | | | | | | |

DEQ USE ONLY

Reviewed by: _____ **Ownership change adequately documented? Yes** ____ **No** ____

Comments: